

CLAIMS ONLY						Application Number 09/746670	Filing Date					
						Applicant(s)						
						* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1	1					51						
2		1				52						
3						53						
4						54						
5						55						
6						56						
7						57						
8						58						
9						59						
10						60						
11						61						
12						62						
13						63						
14						64						
15						65						
16						66						
17						67						
18		1				68						
19						69						
20						70						
21						71						
22						72						
23						73						
24		1				74						
25						75						
26						76						
27						77						
28						78						
29						79						
30						80						
31						81						
32						82						
33						83						
34						84						
35						85						
36						86						
37						87						
38						88						
39						89						
40						90						
41						91						
42						92						
43						93						
44						94						
45						95						
46						96						
47						97						
48						98						
49						99						
50						100						
Total Indep	5					Total Indep						
Total Depend	14	←	←	←		Total Depend	←	←	←	←		
Total Claims	19					Total Claims						